

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ETH5110USNP [14619]
In re Application of Frank Richard Cichocki, Jr.		
Application Number 10/727,367	Filed 2003-12-04	
For ACTIVE SUTURE FOR THE DELIVERY OF THERAPEUTIC FLUIDS		
Group Art Unit 3731	Examiner Lang, Amy T.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$65/\$130) \$ \_\_\_\_\_  
☒ Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) \$ 490.00  
☐ Three months (37 CFR 1.17(a)(3)) - (\$555/\$1100) \$ \_\_\_\_\_  
☐ Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) \$ \_\_\_\_\_  
☐ Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) \$ \_\_\_\_\_
- ☐ Applicant claims small entity status.  
☐ A check to cover the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a).

  
Signature

Michael J. Mlotkowski, Reg. No. 33,020

Typed or printed name

February 12, 2009

Date

(703) 584-3275

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.